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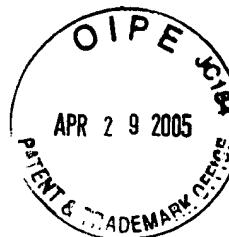
7590 01/28/2005

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121 S.W. Salmon Street
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05/02/2005 EHAILE2 00000029 10053243
700.00 OP
300.00 OP
30.00 OP

01 FC:2501
02 FC:1504
03 FC:6001

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,243	01/16/2002	Stephen Giovannoni	245-62107	6181



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<i>Marla Beier</i> (Depositor's name)
<i>Marla Beier</i> (Signature)
April 27, 2005 (Date)

TITLE OF INVENTION: HIGH-THROUGHPUT MICROBIAL CULTURING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/28/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
STRZELECKA, TERESA E		1637	435-004000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Klarquist Sparkman, LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

State of Oregon acting by and through

the State Board of Higher Education on
behalf of Oregon State University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Corvallis, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date April 27, 2005

Typed or printed name Anne Carlson

Registration No. 47,472

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